

LOAN APPLICATION

DATE:_____

EMERGENCY LOAN FUND OF ENFIELD, INC.

Loan No._____

Amount of Loan \$_____

NAME_____

Payee_____

Address_____

Phone_____ No. in Household_____

CITY_____

STATE_____

ZIP CODE_____

HOUSEHOLD MEMBERS

NAME APPLICANT	EMPLOYED FULL TIME	PART TIME	EMPLOYER	LENGTH OF EMP.	INCOME	AGE	Date of Birth	Social Security No.

ASSETS

MONTHLY EXPENSES

Employment		Rent/Mortgage	\$_____
		Telephone	\$_____
		Utilities – Gas	\$_____
		Oil	\$_____
Accounts	\$_____	Electric	\$_____
Checking	\$_____	\$_____	
		Cable	\$_____
		Water	\$_____
		Taxes	\$_____
		Day Care	\$_____
		Loans	\$_____
		Etc.	\$_____

Comments:_____

Approved:_____

Applicant's Signature

Date

Town of Enfield addendum:

If you would like to be considered for a bank loan: Do you own your own home? ____ What is the approximate market value? _____

Amount owed on your mortgage and/ or home equity loan (s)?_____